|  |  |                                  |                                       |          |                              |                  |        | Application or Docket Number |       |                         |           |                |                        |
|--|--|----------------------------------|---------------------------------------|----------|------------------------------|------------------|--------|------------------------------|-------|-------------------------|-----------|----------------|------------------------|
|  | PATENT A                                       | RD                               | 10/067998                             |          |                              |                  |        |                              |       |                         |           |                |                        |
|  |  | CLAIMS AS                        | FILED - I                             |          |                              |                  |        | SMALL ENTITY TYPE            |       | OTHER THAN              |           | 1              |                        |
| TOTAL CLAIMS   |  |                                  | 49                                    |          |                              |                  |        | RATI                         | Ξ     | FEE                     |           | FIATE          | FEE                    |
| FOR  |  |                                  | NUMBER FILED                          |          | NUMBER EXTRA                 |                  |        | BASIC                        | FEE   | 370.00                  | OR        | BASIC FEE      | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |                                  | 49 minus 20=                          |          | . 29                         |                  |        | X\$ 9=                       |       |                         | OR        | X\$18±         | 1                      |
| INDEPENDENT CLAIMS   |  |                                  | 15 minus 3 =                          |          | 12                           |                  |        | X42=                         |       | OR                      | X84=      |                |                        |
| MULTIPLE DEPENDENT CLAIM P   |  |                                  | RESENT                                |          |                              |                  |        | +140=                        |       |                         | OR        | +280=          |                        |
| * If   | the difference                                 | in column 1 is                   | less than zero, enter "0" in column 2 |          |                              |                  |        | TOTAL                        |       |                         | OA        | TOTAL          |                        |
| CLAIMS AS AMENDED - PART II  (Column 3)  (Column 3)  |  |                                  |                                       |          |                              |                  | 1017   | יי ן                         |       | UN                      | OTHER     | THAN           |                        |
| / Column 1)  |  |                                  | (Oolanii E)                           |          |                              | (Column 3)       | SMA    | LLE                          | NTITY | OR                      | SMALL     |                |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT |                                       | PREVI    | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATI                         | E     | ADDI-)<br>TIONAL<br>FEE |           | RATE           | ADDI-<br>TIONAL<br>FEE |
|  | Total  | - 47                             | Minus                                 | -4       | 19                           | =                |        | X\$ 9                        | =     |                         | OR        | X\$18=         |                        |
|  | Independent                                    | • /}                             | Minus                                 | · t      | /5                           | =                |        | X42:                         | =     | $\neg$                  | OR        | X84=           |                        |
| Ĺ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                       |          |                              |                  | ]      | +140                         | _     | 1                       | OR        | +280=          |                        |
|  |  |                                  |                                       |          |                              |                  |        | TO                           | TAL   | -                       |           | TOTAL          | -/                     |
|  | (Column 1) (Column 2) (Column 3)               |                                  |                                       |          |                              |                  |        |                              | EE    |                         | J~.,      | ADDIT. FEE     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING              | 1                                     | HIGI     | HEST<br>HBER                 | PRESENT          | 1      |                              |       | ADDI-                   |           |                | ADDI-                  |
|  |  | AFTER<br>AMENDMENT               |                                       | PREVI    | OUSLY                        | EXTRA            |        | RAT                          | E     | TIONAL                  |           | RATE           | TIONAL<br>FEE          |
|  | Total  | *                                | Minus                                 | **       |                              | =                |        | X\$ 9                        | =     |                         | OR        | X\$18=         |                        |
|  | Independent                                    | *                                | Minus                                 | a wa     |                              | =                | ]      | X42:                         | _     |                         | OR        | X84=           |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                       |          |                              |                  |        | 440                          |       |                         |           | .000           |                        |
|  |  |                                  |                                       |          |                              |                  |        | +140                         | TAL   |                         | OR        | +280=<br>TOTAL |                        |
| '  |  |                                  |                                       |          |                              |                  |        | ADDIT. F                     |       |                         | OR        | ADDIT. FEE     |                        |
| <b></b> -  | From Mark                                      | (Column 1)<br>CLAIMS             | haraina i                             |          | mn 2)<br>HEST                | (Column 3)       | )<br>1 |                              |       | ADDI                    | 1         |                | ADOL                   |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT  |                                       | PREV     | MBER<br>IOUSLY<br>FOR        | PRESENT<br>EXTRA |        | RAT                          | Ε     | ADDI-<br>TIONAL<br>FEE  |           | RATE           | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                                | Minus                                 | **       |                              | =                |        | X\$ 9                        | =     |                         | OR        | X\$18=         |                        |
|  | Independent                                    | *                                | Minus                                 | ***      | - O A14                      | =                | 4      | X42                          | =     |                         | OR        | X84=           |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                       |          |                              |                  |        | +140                         |       |                         |           | +280=          |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL   |  |                                  |                                       |          |                              |                  |        |                              |       |                         | OR        | TOTAL          |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                  |                                       |          |                              |                  |        |                              |       |                         |           |                |                        |
|  | The "Highest Nun                               | nber Previously Ra               | aid For" (Total o                     | rindepen | ident) is thi                | e nignest numb   | er to  | inug ky syl                  | е ар  | propriate bo            | IX IIN CI | uiumn I.       |                        |